MIS	SSC	OUR	I D	IVI	ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-005377
AMENDED				I -	Registration District No
	DATE AMENDED			-	1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) CR TOWN c. FULL NAME OF If NOT in hospital, give location) HOSPITAL OR INSTITUTION Yes No D
	Φd			=	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) Then Eleventh Topened DEATH Jeb. 16 196:
, swc				-	5. SEX 6. COLOR OR RACE Widowed. 7. Married Divorced D
AS FOLLOWS	INSTEAD OF			1	136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give wer or dates of service)
THIS RECORD ARE			DOCUMENT	-	18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (b).
NO NO	=		-	CERTIFICATION	stating the underlying cause last. DUE TO (c) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female there a pregnancy in last 90 disease condition given in PART I (a)
AMENDMENTS				MEDICAL CERTIF	'
	EAD			*	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK 5 farm, factory, street, office bldg., etc.) 21. I strended the decessed from 2/12/62, to 2/16/62 and last saw her him alive on 2/16/62
	SHOULD READ		VIT OF	•	Death occurred at 9 a.m on the date stated above, and to the best of my knowledge, from the causes stated. 225. SIGNATURE (Degree by title) 226. ADDRESS 100 Case St. Rock Port, Mo. 2/17/6.
	ITEM NO.		SY AFFIDAVIT	4	23c. NAME OF CEMETERY OR CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) 24. FUNERAL DIRECTOR 25. DATE RECD. B) LOCAL REG. 27. REGISTRAR'S SIGNATURE 27. REGISTRAR'S SIGNATURE 28. REGISTRAR'S SIGNATURE 29. REGISTRAR'S SIGNATURE 29. REGISTRAR'S SIGNATURE
	-	1 1	l _m	K	(Licensed Emplified Part of Meheld, Separtus) Hiplies

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose n	ame is recorde	ed on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working under my personal supervision.		
Student		Signed Ble Bertram
Signature of Student Embalmer		
	4	Licensed Embalmer No.
		Licensed Embalmer No. 1764 P. O. Address Roch Soul Miles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.